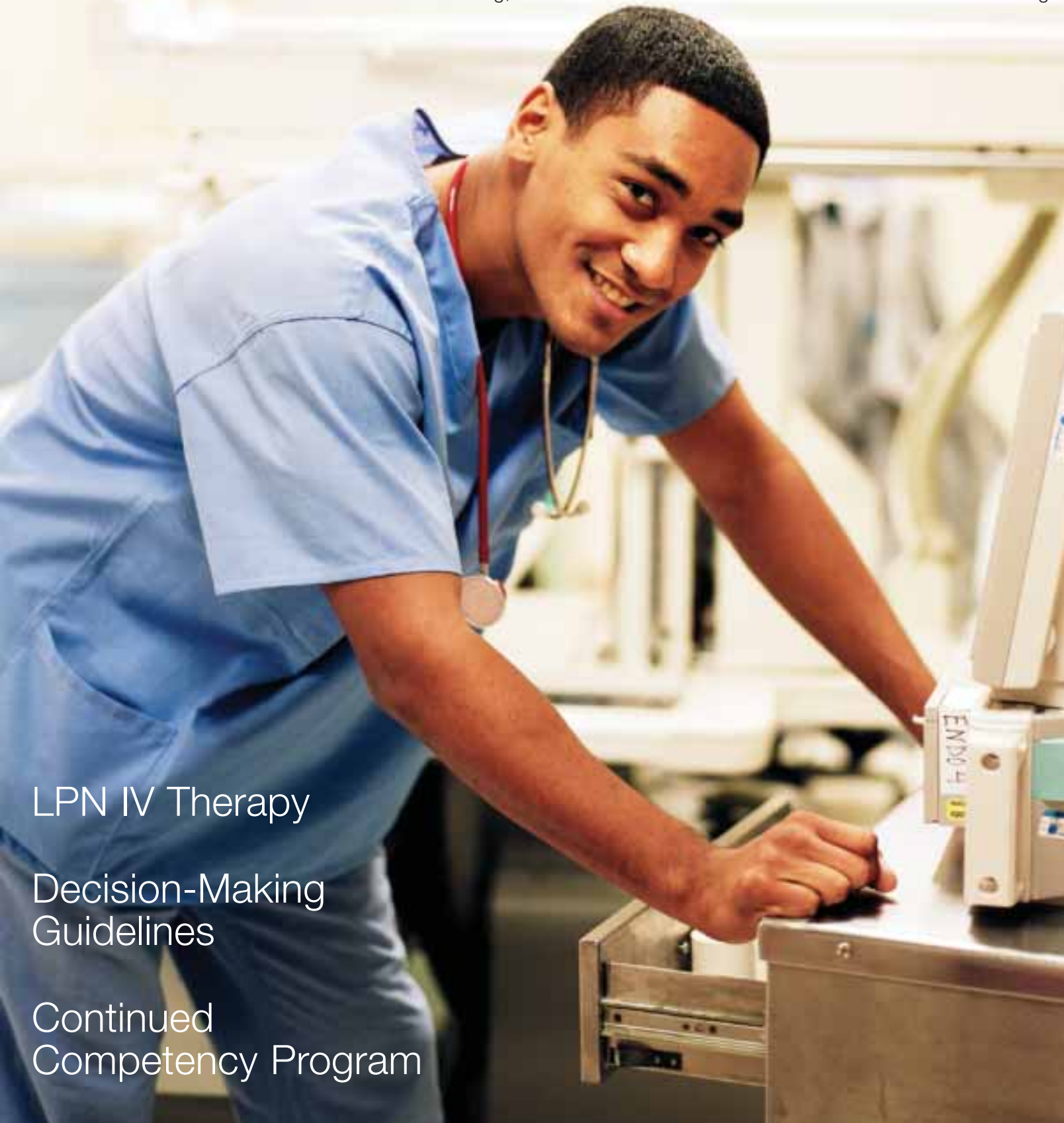


NURSING

Volume 1 • No. 1 • Ed. 1

Perspectives

A Publication of the Tennessee Board of Nursing, In Collaboration with the Tennessee Center for Nursing



LPN IV Therapy

Decision-Making
Guidelines

Continued
Competency Program

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SUMMER 2006

NURSING Perspectives

A Publication of the Tennessee Board of Nursing, In
Collaboration with the Tennessee Center for Nursing

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Nursing Perspectives is published quarterly by the Tennessee State Board of Nursing in collaboration with the Tennessee Center for Nursing. Each issue is distributed to every actively licensed LPN, RN, APN in Tennessee as well as to nurse employers and nurse educators. Nurses, students, and professionals from healthcare organizations turn to this publication for updates on clinical practices, information on government affairs initiatives, to discover what best practices are being implemented, and for insight into how healthcare providers are facing today's challenges.

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SUBMISSIONS

Scholarly and informative items dealing with healthcare topics and issues are welcome. Contact the Tennessee Center for Nursing at valda@centerfornursing.org.

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WELCOME FROM THE EXECUTIVE DIRECTOR

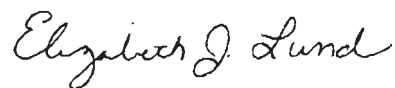
Greetings from the Tennessee Board of Nursing. We are proud to present to you the inaugural issue of Nursing Perspectives from the Board of Nursing, a joint venture with the Tennessee Center for Nursing and Publishing Concepts, Inc. (PCI). Thank you to our advertisers whose support allows us to bring you this issue.

It is exciting to have the opportunity to communicate directly with every licensed nurse in the state. We hope to provide timely articles that speak to both your practice and licensure.

Who are the Board of Nursing members and how do they get appointed? Where do I get a copy of the Nurse Practice Act? How well did recent graduates perform on NCLEX? What is: The Tennessee Center for Nursing? The Tennessee Professional Assistance Program? What new regulations has the board passed and how do these affect my practice? How do I navigate the board website? These are a few of the questions that will be addressed in this issue or future issues.

Continued competency requirements affect all licensees. Be sure to read in this issue how well your colleagues, in the aggregate, performed in the most recent audit. Not sure about the competency requirements for your level of practice? Read the article and keep it handy.

Thank you in advance for your feedback and suggestions for articles. It is our intent to provide you with a magazine that is relevant and a resource that you will want to keep for awhile...perhaps in that continued competency file!



Elizabeth J. Lund, MSN, RN
Executive Director



Pictured Here: (from left to right) Madeline Coleman, Nurse Consultant; Suzanne Hunt, Administrative Assistant; Elizabeth J. Lund, Executive Director; Martha Barr, Nursing Consultant.

Tennessee Board of Nursing Responsibilities

The Board of Nursing was created in 1911 by an act of the State Legislature. The board's mission is to safeguard the health, safety and welfare of Tennesseans by requiring that all who practice nursing within this state are qualified. The Board is responsible for the investigation of all violations of law and rules, and disciplines licensees of those who are found guilty.

Board responsibilities center around three broad functions—licensure, education and practice. In terms of licensure, the board grants licenses to licensed practical nurses, registered nurses and advanced practice nurses (certification). The board prescribes the minimum curriculum for all nursing programs. Only graduates of approved schools of nursing are eligible to take the National Council Licensure Examination (NCLEX), which is required for licensure.

As to practice, the board interprets the law to determine the appropriate standard of practice, causes the investigation of nurses alleged to violate the law and rules, and disciplines the license of and/or imposes civil penalties on those found guilty.

The board contracts with the Tennessee Nurses Foundation to provide professional assistance to nurses

with physical, mental, emotional and/or chemical dependency issues. The monitoring and referral program, supported by licensure and renewal fees, provides a valuable service to assist in the rehabilitation of nurses.

The board's mission is to safeguard the health, safety and welfare of Tennesseans by requiring that all who practice nursing within this state are qualified.

To assist in the discharge of its duties, the board employs a registered nurse executive director and two nurse consultants to carry out the various activities of the board. The administrative staff of the Division of Health Related Boards supports the board by issuing licenses to those who meet the requirements of the law and rules. Registered and practical nurses may be licensed by examination or endorsement from another state. Once licensed, nurses renew their licenses every two years. Renewal notices are mailed from the administrative office forty-five days prior to expiration of the

continued on the next page

license to the current address on file. Licensees are responsible for renewing on time and keeping the board apprised of current information. Licenses may be renewed online up to one hundred and twenty days prior to expiration at Tennessee.gov/health, click on renewal of license and follow prompts. It is a violation of the law and of the board's rules to practice on an expired license.

The board is further authorized to issue an advanced practice nurse (APN) certificate with or without a certificate to prescribe to nurse practitioners, nurse anesthetists, nurse midwives and clinical nurse specialists. Qualifications include current registered nurse licensure, a master's degree in a nursing specialty area, three quarter hours of pharmacology, national certification and evidence of specialized practitioner skills. An advanced practice nurse certificate without prescriptive

authority may be issued in certain situations where the nurse does not meet the pharmacology qualification.

The board consists of eleven members appointed by the Governor for four year terms or until their successors are appointed. Five members are registered nurses, three members are licensed practical nurses, two members are advanced practice nurses and one is a consumer member who is not a nurse and is not commercially or professionally associated with the health care industry. Members may be selected from lists of nominees submitted by their respective organizations for each appointment

The board meets six times per year. A quorum of six members is required to conduct business. The meetings are open to the public.

CRIMINAL BACKGROUND CHECKS FOR NEW RN AND LPN LICENSEES

EFFECTIVE JUNE 1, 2006

New rules affect the application process for NEW registered nurses and licensed practical nurses by examination and endorsement. These rules DO NOT apply to renewal and reinstatement of licensure. The rules state:

Part of this application shall be the result of a criminal background check which the applicant has caused to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials. [1000-1-.01(1)(e), 1000-1-.02(1)(e), 1000-2-.01(1)(e), and 1000-2-.02(1)(e)]

Applications for examination and endorsement received in the Board office after June 1, 2006 will be affected by the requirements of these rules. The following instructions describe the process for obtaining the criminal background checks.

Effective June 1, 2006 applicants for **initial** licensure in Tennessee (not renewal or reinstatement) **must** obtain a criminal background check. This affects applicants for RN and LPN licensure by examination and endorsement.

Applicants may make their appointment online at: **IISfingerprint.com**.

First screen - Select a scheduling system. **Click on Tennessee.**

Second screen- **Choose** registration in **English or Spanish.**

Third screen - fingerprint reason. Click on the pop-up menu and scroll down. **Select "Bureau of Health and Licensure (TN920390Z)."**

Fourth screen- **Enter zip code. Select a location. Click on location selected.**

Follow instructions to **register for an appointment. Click on submit.**

Applicants who do not have Internet access may make an appointment for the fingerprint scanning by calling **Identix toll free at (866)**

226-2937. Identix will ask for:

The Originating Response Indicator [ORI] Number (TN920390Z) or

The fingerprint reason (Bureau of Health and Licensure) or Both the ORI and fingerprint reason

Applicants who do not live in Tennessee and who are not visiting Tennessee prior to licensure may contact the Board of Nursing's administrative office toll free at (800) 778-4123, extension 25166 to obtain a fingerprint card and instructions for processing.

Applicants who have not recently obtained a criminal background check must contact **Identix** Identification Services to make an appointment for the scanning of his/her fingerprints. **The fee is \$56.00 and is paid directly to Identix.**

If both a nationwide and statewide criminal background check has been conducted within the past six months, the Applicant may have it submitted directly from the criminal background check provider to the Board's administrative office for consideration of fulfillment of this requirement:

Tennessee Board of Nursing
First Floor, Cordell Hull Building
425 Fifth Avenue North
Nashville, TN 37247-1010

The Board shall determine if this criminal background check is equivalent to the criminal background checks provided by Tennessee's approved vendor. If the Board determines it is not equivalent and therefore not acceptable, an Identix background check will be required before the licensure application can be processed.

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(1) Intravenous (IV) Push Medications—The administration of intravenous push medications refers to medications administered from a syringe directly into an ongoing intravenous infusion or into a saline or heparin lock. Intravenous push does not include saline or heparin flushes.

(a) Licensed Practical Nurses may deliver selected intravenous push medications when prescribed by a licensed health care professional who has legal authority to prescribe such medications, and when under the supervision of a licensed physician, dentist or registered nurse pursuant to T.C.A. § 63-7-108, provided: the Licensed Practical Nurse has a minimum of six (6) months experience as a licensed nurse; and

the Licensed Practical Nurse has successfully completed a course of study developed from the Infusion Nurse Society Standards; or

has successfully completed a formal (institutional/agency-based) intravenous therapy training and competency program prior to January 1, 2007; and

the Licensed Practical Nurse practices under the supervision (defined as "overseeing with authority") of a licensed physician, dentist, or registered nurse pursuant to T.C.A. § 63-7-108. The supervisor shall maintain accountability for the delegation while the Licensed Practical Nurse is accountable for his/her acts; and the Licensed Practical Nurse administers IV push medications in peripheral lines only; and

Competency is demonstrated to the chief nursing officer or the chief nursing officer's representative when the Licensed Practical Nurse is employed by a facility required to be licensed pursuant to T.C.A. § 68-11-204, or competency is demonstrated to the supervising physician or dentist when the Licensed Practical Nurse is not employed by a facility required to be licensed pursuant to T.C.A. § 68-11-

204; and

Documentation of competence is maintained in the Licensed Practical Nurse's personnel file, signed and attested to by the facility's chief nursing officer; and the Licensed Practical Nurse administers IV push medications only to adults weighing over eighty (80) pounds.

Licensed Practical Nurses shall not administer IV push medications to pediatric or prenatal and ante partum obstetrical patients.

Licensed Practical Nurses shall not admin-



ister the following fluids/medication/agents or drug classifications in the context of intravenous therapy:

- Chemotherapy; and
- Serums; and
- Oxytocics; and
- Tocolytics; and
- Thrombolytics; and
- Blood or blood products; and
- Titrated medications and dosages calculated and adjusted by the nurse based on patient assessment and/or interpretation of lab values and requiring the nurse's professional judgment; and
- Moderate sedation; and
- Anesthetics; and
- Paralytics; and
- Investigative or experimental drugs.

LPN IV THERAPY RULES QUESTIONS AND ANSWERS

When do the rules become effective? **April 3, 2006.**

The rules state LPNs must have received institutional training prior to January 1, 2007 or have the INS standards based course. Is this a grandfathering clause? **Yes**

What is the Board's expectation to demonstrate prior training? Is competency in their file adequate? **Ideally a certificate or evidence of prior classes and training taught by the institution for those experienced LPNs. However, if the LPN was taught years ago hospitals should, at minimum, verify both the knowledge (through testing) and skills competency and maintain that documentation. Some hospitals are choosing to put all their LPNs through a new course to establish a consistent baseline.**

The new education requirement states a course based on Intravenous Nursing Society (INS) standards. Does the Board have to approve each facility's course content? **The**

Board does not need to approve each course or course provider.

What are the expectations regarding course providers and documentation of course content and attendance? **The employer should maintain files regarding the course instructors, content, attendees, etc. The employer should also issue a certificate of completion to the LPN for her personal records should she change employer. It is appropriate to accept another facility's course if 40 hours and the course meets INS standards and then do whatever due diligence is normal to verify competency before allowing practice.**

The rules do not specify a course length but the model course developed by East Tennessee State University is 40 hours in length. Does the Board expect hospitals to provide a 40 hour course? **The rules do not specify 40 hours but that is the Board's recommendation.**

The rules are focused on IV push practices although some of the restrictions apply to IV therapy in general. If a facility does not allow LPNs to perform IV push, but does allow them to

More Questions and Answers on Page 17

MEET THE MEMBERS

Tennessee statute outlines the composition of the Board of Nursing: five registered nurses, three licensed practical nurses, two advanced practice nurses and one public member. The governor appoints the members who serve for a four year term of office. Currently there are two vacancies—one APN and one LPN.

Cheryl Stegbauer, Ph.D., RN, APN, chairs the Board of Nursing. Dr. Stegbauer is a Professor and Associate Dean for Academic Programs and Director of the MSN and DNP programs in the College of Nursing at the University of Tennessee Health Science Center, Memphis. She joined the faculty of UTHSC in 1976 as one of the original faculty members of the College of Nursing Family Nurse Practitioner graduate program. She is nationally certified as a family nurse practitioner and has practiced in this role for over 30 years. Cheryl was an invited participant on the National Council of State Boards of Nursing's Advanced Practice Nurse Expert Panel.

Donna Roddy, MSN, RN, serves as vice-chairman of the Board. Donna's career as a registered nurse spans 34 years with experience in home health, hospital education and administration. Reappointed to the board by Governor Bredesen in 2005, Donna has served on the board since 1997. Since 2001, Donna has been a Regional Clinical Network Analyst for BlueCross BlueShield of Tennessee. At the national level, Donna serves on the NCLEX Item Review Committee.

Debbie Holliday, LPN, practices at Life Care Center of Tullahoma as Admissions Nurse Coordinator and Director of Infection Control. She has worked there for over six years. Debbie received her practical nurse diploma in 1984 from Franklin County Board of Technical Education in Winchester. Debbie joined the board in 2005. She serves on the Practice Committee.

Wanda Neal Hooper, BSN, MS, RN, CIC, is the Nurse Epidemiologist at Saint Thomas Hospital, Nashville. She was appointed to the Board in 2004. Wanda chairs the Board's Practice Committee and sits on the Tennessee Improving Patient Safety Committee and the Mandatory Reporting of Infections Subcommittee. At the national level she serves on the National Council of State Boards of Nursing's Continued Competence Task Force.

Terri Bowman, LPN, serves as Assistant director of Nursing at Decatur County Manor in Parsons. She has worked there for 24 years. Terri is the State Secretary for the Tennessee Health Care Association's Director of Nursing Association, currently serves on the Multi-Disciplinary Team with Decatur county Adult Protection, Advisory committee for the LPN classes for Jackson Area Vocational Schools. Terri is on the Board's Education Committee.

Barbara Brennan, MSN, RN, CNAA, BC, is Chief Nursing Officer at Skyline Medical Center in Nashville. Governor Bredesen appointed her to the Board in 2004. Barbara represented the board at the annual meeting of the National Council of State Boards of Nursing in 2005. She serves on the Practice Committee. Barbara was instrumental in developing the recent LPN Intravenous Therapy rules.

Kathleen Harkey, MBA, serves as the consumer member of the Board, appointed by Governor Bredesen in 2005. Kathleen has 30 plus years experience in professional management and marketing in non-profit, public and private settings. She is an elected member of the Metro Nashville Board of Education, Hillsboro Cluster. Kathleen serves on the Finance Committee.

John Preston, CRNA, DNSc, APN, fills the first, created in 2005, appointed advanced practice nurse position on the Board. Dr. Preston is an Assistant Professor and Program Director for the Nurse Anesthesia Concentration at the University of Tennessee Knoxville. He holds a joint appointment and staff anesthetist position at the University of Tennessee Medical Center, Knoxville. John serves on the Practice Committee. Prior to becoming a Board member, John volunteered on the Tennessee Nurses Association/Board of Nursing Joint Task Force on Advanced Practice.

Marian Stewart, MSN, RN is an Associate Professor of Nursing and Level 2 Coordinator at Motlow State Community College. Appointed by Governor Bredesen in 2005, Marian serves on the Board's Education Committee. She volunteers as a registered nurse at Partners for Healing Clinic.

The Tennessee Board of Nursing administrative staff receives numerous inquiries in the course of the year from nurses who have questions regarding their scope of practice. Board staff may not issue opinions or interpretations on legal questions. Therefore, the Board has developed a decision tree to assist nurses in making their own determination as to whether a contemplated practice or activity falls within the scope of practice. A copy of the guidelines and the tree follows for your use.

Decision-Making Guidelines

In evaluating whether a certain nursing practice or activity falls within the respective scope of practice for an LPN, RN, or APN, the practitioner should apply the following analytical steps:

Describe the practice or activity to be performed.

Is the practice or activity specifically permitted or prohibited in any existing statutes, regulations, or rules?

-If permitted, proceed to #3.

-If expressly prohibited, it is not within the nurse's scope of practice. (The decision-making process is complete.)

-If unsure or unclear, proceed to #3 or consult your attorney.

Does the educational preparation of the nurse provide the knowledge base and skills necessary to engage in the practice or perform the activity?

-If YES, the activity may be within the scope of practice. Proceed to #4.

-If NO, it is not within the nurse's scope of practice.

Is the act or practice consistent with one or more of the following standards?

Standards of practice of a national nursing organization; or

Supporting data from nursing literature and research.

-If YES, proceed to #5.

-If NO, it is not within the nurse's scope of practice.

Does the nurse have documented proof of her knowledge and competence, including continued competence, to perform the activity or engage in the practice?

-If YES, proceed to #6.

-If NO, it is not within the nurse's scope of practice.

Would a reasonable and prudent nurse with similar education and experience engage in the contemplated practice?

-If YES, proceed to #7.

-If NO, it is not within the nurse's scope of practice.

Does the nurse have the ability/resources to respond to complications in such a way that patient safety and quality of care are assured?

-If YES, proceed to #8.

-If NO, it is not within the nurse's scope of practice and could place both the patient and nurse at risk.

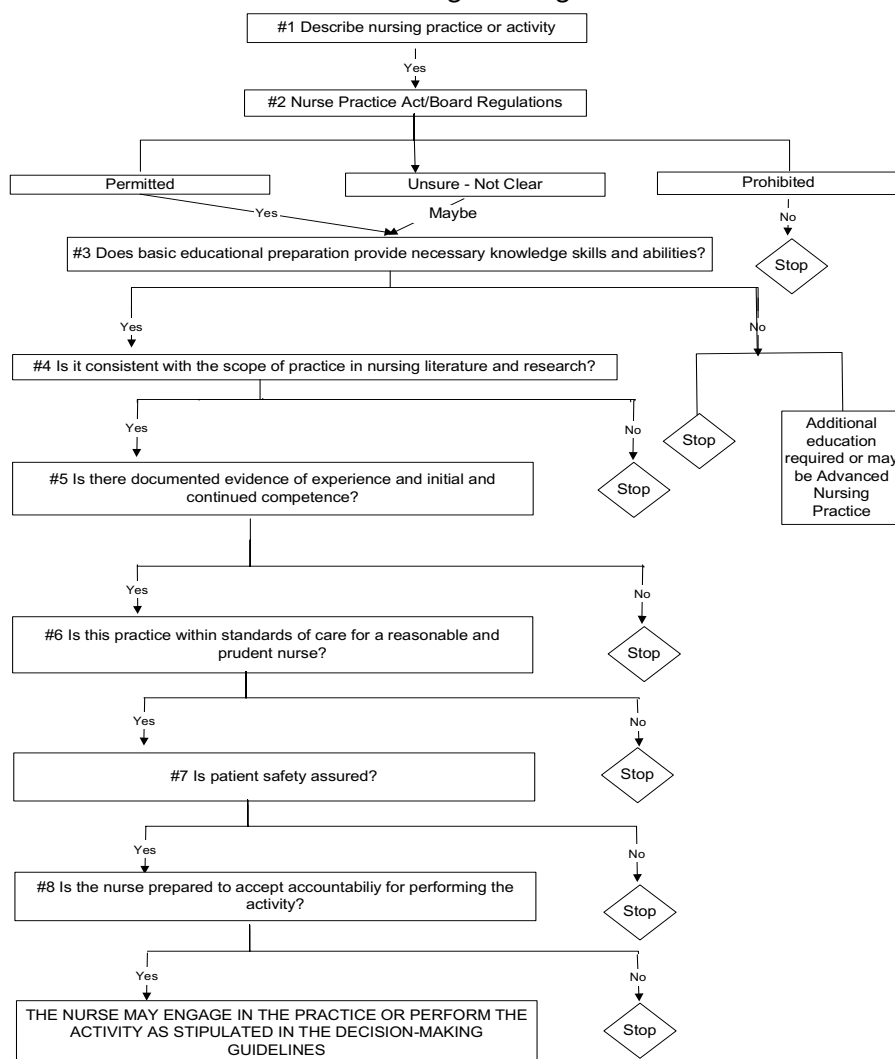
Is the nurse prepared to accept the consequences of performing the activity or engaging in the practice?

-If YES, the nurse may perform the activity, based on a valid order when required, and in accordance with established policies, procedures, and standards of care.

-If NO, it is not within the nurse's scope of practice.

NOTE: The Tennessee Board of Nursing strongly encourages you to consult your attorney – be it your facility/employer's general counsel or your private attorney – if you are uncertain about the answer to any of the questions listed in the above decision-making guidelines.

Framework for Decision-Making Nursing Practice Activities



CONTINUED COMPETENCE REQUIREMENTS

Tennessee law mandates a mechanism for the board to assure the continued competence of registered and practical nurses. To review the rules in their entirety go to <http://tennessee.gov/health>, click on licensing, health professional boards, nursing, continuing education. The citation for the rules is 1000-1-.14(2) for registered nurses and 1000-2-.14(2) for licensed practical nurses. Note that continuing education for renewal is not mandatory; however mandatory competency is required.

First, the rules define continued competence as "the application of integrated nursing knowledge and the interpersonal, decision-making, psychomotor, communication, and leadership skills expected for the nursing practice role within the context of the public health, safety, and welfare." In other words continued competence means the application of nursing knowledge and skills expected for practice in order to protect the public from harm.



Next, the rules set out the standards of nursing competence. These standards enumerate very clearly the basic expectations for practice as a registered nurse and a licensed practical nurse in Tennessee. The standards of competence are separated into standards related to the nurse's responsibility to implement the nursing process and standards related to the nurse's responsibilities as a member of the nursing profession. Take time to compare and contrast the standards for RNs and LPNs.

Now to the question, "How do I demonstrate competence to the satisfaction of these rules?" First, nurses who practice full or part time will attest on their renewal application, by signature, that they have met the competency

requirements for the two previous calendar years. This involves maintenance of a personal file (e.g. paper, electronic) documenting evidence of continued competence. The licensee must select at least two of fifteen items from a list of competency options. The list is both broad and self-explanatory so those nurses who practice in a variety of settings should be able to easily find options that are reasonable and convenient.

Acceptable proof of competence shall include two of the following:

- satisfactory employer evaluation
- satisfactory peer evaluation
- satisfactory patient/client relationship
- contract renewal or re-appointment
- written self evaluation based on the standards of competence
- initial or continuing national certification
- identification of two goals and a plan to demonstrate competency for these goals
- volunteer work in a position using nursing knowledge, skills and ability or service relevant to nursing on a board or agency
- participation in the education of nursing students in an approved school of nursing
- five contact hours of continuing education (may include facility in-service)
- published an article relevant to nursing
- completed a two week nursing refresher course
- completed a two week comprehensive orientation program
- two hours of nursing credit in a nursing program
- successfully retaken the national licensure examination

The options for those nurses who are not practicing nursing full or part time and wish to maintain competence are more prescriptive and are listed in the rules following the full-time/part-time section. These rules should help nurses maintain competence on the front end and lessen the time needed to prepare for going back into practice when that time arises. Nurses who are not practicing will attest on their renewal application, by signature, that they have met the competency requirements for the two previous calendar years. This, too, involves maintenance of a personal file (e.g. paper, electronic) documenting evidence of continued competence. The licensee must select any of

the following items on the list of competency options.

Acceptable proof of competence for the non practicing nurse includes:

- volunteer work in nursing
- education of nursing students in an approved nursing program (RN only)
- five contact hours of continuing education for each year of not practicing (may include facility in-service)
- article published in a nursing journal
- completion of a board approved refresher program
- completion of board approved orientation program
- enrollment in an approved school of nursing (minimum two hours of nursing credit)
- proof of successful retake of the national licensure examination

For nurses who have not practiced nursing for more than five years who wish to maintain an inactive license no competency documentation is required for renewal.

Nurses who have not practiced nursing or maintained competency and who desire to obtain an active license must submit one of the following with the appropriate licensure application:

- completion of five contact hours of continuing education for each year of not practicing
- article published in a nursing journal
- completion of board approved refresher program
- completion of board approved orientation program
- enrollment in an approved school of nursing (minimum of two hours of nursing credit)
- proof of current nursing certification in a specialty area
- proof of successful retake of national licensure examination

Lastly, it is important to note that each licensee must maintain evidence of compliance for four years from when the requirements are completed. This documentation must be produced for inspection and verification within thirty days of a written request by the board. Note: The board must have a current address to reach you! Failure to either complete the continued competence activities or to falsely certify completion may subject the nurse's license to disciplinary action.

The Board's intent is for every licensee to be able to demonstrate continued competency in a flexible and easy manner.

REPORT OF AUDIT

After the continued competence rules had been in place long enough for licensees to have maintained a personal competence file for at least a two year period the board conducted an audit to measure compliance. This article shares the results of that audit and describes the board's policy for handling noncompliance.

First the good news! 87.5% of registered nurses and 70% of licensed practical nurses contacted participated in the audit. 72.5 % of RNs and 56% of LPNs fully complied with the competency requirements. An additional 12.5% of RNs and 14% of LPNs made an attempt to comply by contacting the audit compliance officer to work out a plan for compliance. After review and approval of the plan, these nurses received a noncompliance letter and are not subject to disciplinary action against their license or civil penalties.

Unfortunately, fully 15% of registered nurses and 29% of licensed practical nurses audited did not respond to the certified letter mailed to the licensee's address of record. Most of these licensees "chose" not to respond to the board. In other words, the nurse received and signed for the certified notice from the board and then did not respond to the board's request for documentation of compliance. Others, presumably, have changed their address and failed to notify the board as required by rule. This failure to respond to the board will prove costly to the out-of-compliance licensee as described in the following board policy.

TENNESSEE BOARD OF NURSING POLICY:

DISPOSITION OF CONTINUED COMPETENCE CASES

NONCOMPLIANCE

Purpose: The purpose of the board is to safeguard life and health by assuring that each person practicing nursing is competent to do so. To this end the board has set up a graduated system of civil penalties for those licensed nurses who fail to come into compliance with the continued competence monitoring program or who falsely certify completion of the program.

Authority: T.C.A. 63-1-108, 63-7-101, 63-7-115, 63-7-116, 63-7-120, 63-7-207(16) and *Rules of the Board of Nursing* 1000-1-.14 and 1000-2-.14

Infraction

Civil Penalty

Claimed certified mail/no response to official board notice	\$500
Claimed certified mail/no response to notice /completed one competence requirement	\$500 plus \$100
Claimed mail/no response to notice/ did not complete either of two competence requirements	\$500 plus \$200
Did not claim notice due to failure to change address/ completed both competence requirements	\$100
Did not claim notice due to failure to change address/ completed one competence requirement	\$100 plus \$100

Did not claim notice due to failure to change address/ did not complete either competence requirement

\$100 plus \$200

Certified/attested falsely on renewal compliance with competence

\$150

According to the policy, the board considers failure to respond to an official notice from the board as an offense meriting a civil penalty (fine) of \$500. The RN or LPN who is later found to have not completed one or two of the competency requirements receives an additional civil penalty of \$100 or \$200 respectively. Further, the licensee who signed/attested/certified on the renewal application that he/she met the competence requirements and is determined not to have met those requirements is further set to be assessed a civil penalty of \$150.

Those licensees who do not respond to the official notification of audit of continued competence due to having changed address and fail to notify the board will be assessed civil penalties based on compliance with or noncompliance with competency requirements. A nurse who is later located and found to have completed competence requirements will be assessed a penalty of \$100. An additional \$100 is assessed for failure to meet one requirement and \$200 for failure to meet both of the two requirements. Falsely certifying compliance on

do general IV therapy (start IV, hang fluids, piggyback meds, etc) do the LPNs have to complete the IV course? **The rules only speak to IV push but since the standard LPN curriculum does not contain IV therapy training, LPNs will need evidence of additional coursework to expand their practice beyond their original training.**

Can LPNs access central lines – dressing changes, flush, piggyback meds? **The rules do not address access to central lines except to restrict IV push in a central line. The Board “typically doesn’t support or recommend” LPNs accessing central lines. This was an area of much discussion with the taskforce. The ETSU IV course does have basic content on central lines and specifies that if an organization allows LPNs to access central lines additional course**

modules/training would be needed.

Pediatrics is not defined? How does the Board define pediatrics? **Use the American Academy of Pediatrics definition**

The rules have a list of restricted medications and drug classifications. Are these drugs/classifications prohibited for an LPN to administer IV in any way such as piggyback, whether or not they are given

IV push? **Yes**

May an organization decide and define whether or not they will allow LPNs to perform IV push in their institution? **Yes, the rules are not intended to suggest that an organization expand LPN practice. An organization may define further practice restrictions in their policies.**

renewal application adds an additional penalty of \$150.

Licensees who cannot be located will have their case referred to the Office of General Counsel for disposition. Failure of a licensee to respond to a formal notice of hearing before the board and charges may result in disciplinary action of the license up to revocation.

It is hoped that implementation of this policy for noncompliance will be a rare occurrence. Licensees may easily avoid noncompliance by taking the following simple steps:

Notify the board when address changes (go to tennessee.gov/health, click on renewal of license, change address).

Review board web site periodically (go to tennessee.gov/health, click on licensing, health professional boards, nursing).

Follow continued competence rules (go to tennessee.gov/health, click on continuing education).

Maintain a file containing continued competence documentation handy.

Respond timely to board communications even if you have not been compliant.

Tennessee Center for Nursing

Greetings! It is a pleasure for me to introduce you to the Tennessee Center for Nursing (TCN). Originally organized in 1996 as the Tennessee Health Care Consortium for Nursing (THCN), TCN is a result of the Colleagues in Caring grant: *Regional Collaboratives for Nursing Workforce Development*. An initiative funded by The Robert Wood Johnson Foundation, the grant was awarded as result of a proposal submitted by Drs. Patricia L. Smith and Nancy B. Moody on behalf of East Tennessee State University and the Tennessee Department of Health. Additional funding for THCN was provided through a variety of sources including generous donations, a grant from BlueCross BlueShield Community Trust, and a contract with the Tennessee Board of Nursing.

In August 2000, THCN was organized as a 501(c)(3) nonprofit corporation and in Spring 2001 THCN was transformed into the Tennessee Center for Nursing, Inc. As a statewide organization, TCN is composed of nursing educators, health care providers, insurers, business representatives, policy makers, consumers, and representatives of professional nursing organizations. TCN has a documented history of data collection, analysis, dissemination, and has made recommendations to and worked collaboratively with state organizations to refine data collection instruments for

licensed nurses and licensed healthcare facilities.

Our Focus:

Tennessee is predicted to have a significant **shortage of 35,300 RNs by the year 2020**. The shortage is due to

a combination of factors, including:

Nursing schools turning away qualified applicants due to lack of faculty and other resources;

The RN workforce is aging resulting in a larger percentage of RNs who are approaching retirement;

A steady decline in relative RN earnings since 1991;

Dissatisfaction among the nursing labor force with working conditions including workload and hours;

An increased demand for nursing services; and

A declining number of nursing school graduates.

TCN goals are to:

Maintain an ongoing system to address nursing workforce issues related to Tennessee's future health care needs.

Conduct and support research focused on nursing workforce development.

Propose recommendations for nursing education and practice reform.

Disseminate evidenced-based recommendations for nursing education and practice reform.



“Strengthening Health Care in Tennessee”

Collaborate with other state departments in an effort to increase minority recruitment.

Our Mission:

To guide the ongoing development of a diverse and qualified nursing workforce to meet the healthcare needs of Tennesseans through professional advocacy, industry research, recruitment efforts, and public awareness activities.

We're meeting our mission by:

Collaborating with TN Hospital Association, nursing educators, and health care administrators to identify strategies for increasing nursing education capacity by 2010;

Fostering nursing leadership thru a Leadership Institute for Nursing Excellence;

Supporting leadership growth and educational excellence thru a Faculty Institute for Excellence in Nursing Education;

Working with schools of nursing to improve nursing education;

Conducting studies on present and future nursing staffing needs;

Identifying and securing funding to study nursing

workforce issues;

Development of the *TCN Explorer*, an interactive web-based application that will provide detailed analysis of Tennessee's nursing licensure files;

Administering research on best practices and innovations in nursing education; and

Educating high schools students on nursing careers.

Additionally:

TCN continues to **function as the research arm of the Tennessee Board of Nursing** by providing data to aid the board in decision making on topics related to nursing education and practice. Through research, TCN translates nursing statistics into planning principles for nursing education, nursing resources, and recruitment and retention recommendations.

In each quarterly publication of ***Nursing Perspectives Magazine*** we will bring you articles of special interest from the TCN. Meanwhile, we invite you to discover our website at www.centerfornursing.org, where you will find statistical data, links, resources, and a wealth of nursing related topics. Enjoy!

Ann P. Duncan

by Ann P. Duncan, MPH, RN
Executive Director



Who is TNPAP?



Years ago if a nurse was discovered using drugs illegally it frequently meant the loss of one's career. State Boards of Nursing, which have a primary function to protect the public's safety and interests, would routinely revoke an addicted nurse's license. In the late 70's when it became clear that addiction was a brain based disease that could be successfully treated the atmosphere started changing from one of a punitive nature to one that emphasized a treatment approach. Today a nurse can receive treatment for their addiction and with reported success rates of 80% and higher, continue to practice safely in their field while maintaining sobriety.

Addiction is a chronic, progressive brain based disease that exists in all socio-economic levels and professions. The disease is treatable, but not curable. Nursing has an incidence of addiction that mirrors that of the general population and a number of studies have results that reveal some specialties have addiction rates as high as 15 to 20%. Although the rate is similar to that of the general population the drugs of choice for health-care professionals tend to be benzodiazepines and opiates more so than the use of traditional street drugs such as marijuana, cocaine, methamphetamine or the misuse of alcohol.

Drug abuse can be more difficult to detect in nurses than the general population due to the fact that frequently job performance is the last thing to be affected. Nurses tend to pride themselves in their work and will go to great lengths to protect this area of their lives. Nurses may have suffered family or marital problems, struggled with financial hardships and become isolated from normal leisure time activities and friends before a deterioration of job performance is noted. Substandard care is a late symptom in the progression of the disease of addiction in the majority of cases. Hence, it is imperative for supervisors and peers to be aware of the basic warning signs that indicate impairment. In a future article we will discuss these warning signs in detail.

Tennessee was one of the first states to offer an impaired nurse the opportunity to seek treatment and then maintain sobriety with the help of

an alternative to discipline monitoring program. TNA's "Peer Assistance Program" had its beginnings with a mandate from the 1980 House of Delegates that a program be developed to provide assistance for nurses impaired from the use of drugs and/or alcohol. This stemmed mainly from the concerns of Dr. Margaret Heins, Chair, TN Board of Nursing, who was seeing nurses brought before the Board with substance abuse issues only to see them return again and again.

In 1981 the TNA Board of Directors appointed a Peer Assistance Program Committee to develop the program for all professional nurses, not just TNA members. The program was to include peer contact and presentation of treatment and rehabilitation options. This totally volunteer, regionally based program was approved in the spring of 1981 and became operational in November of that

indefinitely secondary to the demand on the volunteers' time and eventual burn out. In 1987 a TNA task force recommended that the House direct the BON to move the Peer Assistance Program Committee from TNA to TNF and employ staff to administer the program. Diane Kulis, RN was hired as the first state director of the Peer Assistance program.

In 1991 TNA drafted two bills for introduction at the Legislature. One was to authorize the Board of Nursing to contract with TNF to fund a peer assistance program. The other bill authorized all regulatory boards to contract with nonprofit associations and foundations to fund PAPs. The bill to authorize all boards to fund programs seemed most favorable with the Legislators, and it passed the House during the 1991 session. In 1992 the Senate bill passed, and it was signed

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year. Early volunteers that got the program off the ground and functioning include Tennessee nurses such as Jean Blackburn, Sue Grover and Katherine Skinner, in addition to Dr. Heins.

The Tennessee Nurses Foundation was established in 1982. TNF, a 501 (c) 3 organization made possible tax-deductible donations to support the peer assistance program. The "100 Club" was formed and nurses throughout the state responded to the call to pledge \$100. This program raised \$17,000 as initial start up funds for the foundation.

In 1983, the Tennessee Board of Nursing adopted guidelines for employers and individuals reporting nurses involved in substance abuse. The Tennessee Board of Nursing endorsed TNA's Peer Assistance Program and formally recognized it as an appropriate channel to report impaired nurses.

As the Peer Assistance Program grew it became apparent that a program operated by volunteers with no paid staff could not continue

into law. A TNF taskforce was appointed and prepared a proposal to request BON funding. In September, the BON proposed a new rule to increase the licensure fees \$15 for RNs and \$10 for LPNs to fund the Peer Assistance Program.

In 1994 TNF signed a contract with the BON and full funding was received. The Program adopted guidelines developed by the National Council of State Boards of Nursing. In July of 1997 the program was completely centralized, as called for in the terms of the BON contract.

Today TNPAP has seven full time staff members based in Nashville and has contracts with several health related boards and committees besides nursing. TNPAP currently is monitoring over 400 health care professionals who are in recovery. In addition, TNPAP provides educational presentations to hospitals and nursing schools throughout the state of Tennessee.

For more information on TNPAP and the services provided visit our website at www.tnpap.org.

TENNESSEE SCHOOLS OF NURSING

ASSOCIATE DEGREE PROGRAMS (2 Years) APPROVED BY TENNESSEE BOARD OF NURSING

AQUINAS COLLEGE

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615-297-2008

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423-493-8740

CLEVELAND STATE COMMUNITY COLLEGE

Nursing Department
423 472 7141 ext.227

COLUMBIA STATE COMMUNITY COLLEGE

Nursing Program
931-540-2600

DYERSBURG STATE COMMUNITY COLLEGE

Division of Nursing and Allied
Health

731 286 3390

FREED-HARDEMAN UNIVERSITY

Department of Nursing
1-800-348-3481

JACKSON STATE COMMUNITY COLLEGE

Department of Nursing
731 425-2622

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1-800-325-0900, ext 6324

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Nursing Program
931-393-1628

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Nursing Division
865-882-4605

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901-333-5425

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423 439-7051

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